

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039185

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 558

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jasperb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Joplin Length of stay in lb
LifETIMEc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasperc. CITY OR TOWN Joplin Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 1905 Wall Avenue Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED First Middle Last
(Type or print) GEORGE TICE LOCKHART4. DATE OF DEATH Month Day Year
November 2, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2-18-18949. AGE (last birthday)
68IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
City Fireman10b. KIND OF BUSINESS OR INDUSTRY
Joplin Fire Dept.11. BIRTHPLACE (City and state or country)
Joplin, Mo.12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
R. Steele Lockhart13b. MOTHER'S MAIDEN NAME
Elizabeth Mills14. NAME OF HUSBAND OR WIFE
Daisy Lockhart15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW#1.16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT Address
Mrs. Daisy Lockhart, 1905 Wall, Joplin Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Hepatic cirrhosis & Esophageal varices
Massive hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

8 months
Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1946 to 11-2-62 and last saw him alive on 11-2-62
Death occurred at 2:10 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Deceased or title)
George Tice Lockhart22b. ADDRESS
1905 Wall, Joplin Mo.22c. DATE SIGNED
11-5-6223a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
11-5-196223c. NAME OF CEMETERY OR CREMATORY
Osborne Memorial Cemetery23d. LOCATION (City, town or county)
Joplin, Missouri

(State)

24. FUNERAL DIRECTOR ADDRESS
Thornhill-Dillon Mortuary, Joplin, Mo.25. DATE RECD. BY LOCAL REG.
11-6-196226. REGISTRAR'S SIGNATURE
Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

NOV 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.